NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
AGRICULTURE SECTION * 1200 N STREET, SUITE 400 * LINCOLN, NE 68509-8922 * TEL: (402)471-4239 FAX: (402) 471-2909 * WEB SITE: <u>www.ndeg.state.ne.us</u>

FORM A

Request for Inspection of Animal Feeding Operation

PLEASE PRINT OR TYPE

Jame of Operation				
Address of Operation				
Street, P.O. Box, Route	City		State	Zip
egal Description of Operation	N _	N		
1/4 1/4 Sect	ion Township	Range		
atitude°,, Longitude	·	,	,,, 	
(NOTE: Latitude and longitude should be for the main entrance	e to the animal feeding	ng operatio	n from the publ	ic road.)
			·	_ County
Directions From Nearest Town				
CONTACT PERSON INFORMATION				
Jame & Title				
Address				
Street, P.O. Box, Route	City		State	Zip
elephone () ()		()		
Work Hon	ne	Other	r (Cell, Fax, etc	.)
REASON FOR REQUESTING INSPECTION	Expansion to exi	sting [Proposed	
Other (i.e., local or lender requirements, previous discharge, etc.) _				
NAME OF THE PARTY				
NIMAL FEEDING OPERATION INFORMATION (Attach additional				
Type Of Livestock (i.e., feeder cattle, dairy, swine, etc.)		Animal Capacity (maximum number of animals that operation can hold)		
(ne., jecuer came, aan j, smne, etc.)	(maximum riumo	or of artificati	inal operation c	an nota)
Open Lots? Yes No Totall	y Housed Building	s?	es No	
ITE INFORMATION				
Jame of Closest Surface Water				
				(feet)
Distance to (feet) Depth to Gignature of Requestor:	Fround Water:			(ieet)

(Be sure to include appropriate inspection fee or form will be returned. Sen	nd requests to above address.)